Commonwealth of Massachusetts
Executive Office of Public Safety & Security
Department of Fire Services
PO Box 1025, State Road ~ Stow, Massachusetts 01775
978-567-3100, Fax: 978-567-3121

FP-289

Third Party Underground Storage Tank Inspection Report

Instructions: Only a person currently permitted by 527 CMR 9.07 (P) may fill out this form.

SECTION 1: GENERAL INFORMATION

FACILITY NAME:		OWNER NAME:	
Location Address:		Mailing Address:	
City:		City, State, Zip:	
Phone:		Phone: Fax:	
		Is a license to store flammables/combustibles posted on site? (Form FP-2)	❑ Yes ❑ No
OPERATOR NAME:			
Location Address:		Is a current certificate of registration posted on site? (Form FP-5)	❑ Yes ❑ No
Phone:			
Fax:		Is a current permit to maintain UST's posted on site? (Form FP-290 Part 3)	❑ Yes ❑ No
E-mail:			
Financial responsibility verified?	❑ Yes ❑ No	Is the current Form FP-290 accurate? If "No", attach updated Form FP-290	❑ Yes ❑ No

DFS Facility Number	Date of Inspection	UST Inspector Qualification	UST Inspector Name

Fill out the tank number for each tank using the DFS tank number system only. List sections of compartmented tanks separately, [*for instance, 1A and 1B*]. Use a second form for facilities with more than 4 tanks.

TANK AND PIPING (DFS NUMBER)	TANK #	TANK #	TANK #	TANK #
Owner Tank number, *if different*				
Status (*Active* or *Taken-Out-of-Use*)				
Capacity (*Gallons*)				
Product (*Specify type*)				
Tank Construction Material				
Compartment Tank (*Yes* or *No*)				
Double-Wall Tank (*Yes* or *No*)				
Piping Type *(Suction or Pressurized)*				
Pipe Outer-Wall Construction Material				
Double–Wall Piping (*Yes* or *No*)				
Multiple Pipe Runs per tank (*Yes* or *No*), if *Yes*, show on map				
Emergency Power Generator (*Yes* or *No*)				

Questions? Contact the DFS UST office: 978-567-3375, Fax: 978-567-3199

Inspector's Initials _____ Owner/Operator's Initials: _____
Date _____

Date: _____

Return form *no later than* 14 days from the date of inspection:	**Department of Fire Services** UST Program • PO Box 1025 • Stow, MA 01775 and **Local Fire Department**

SKETCH: Draw a basic layout of the UST system(s).

LEGEND KEY

- ❑ **(T)** Tank, include Tank # (identify all compartments)
- ❑ **(P)** Product piping
- ❑ **(PS)** Piping sumps
- ❑ **(D)** Dispensers
- ❑ **(A)** Alarms
- ❑ **(ATG)** Automatic tank gauge consoles
- ❑ **(RCT)** Rectifiers
- ❑ **(AN)** Impressed current anodes
- ❑ **(S)** Structure Contact Points for CP
- ❑ **(R)** Reference cell locations for CP
- ❑ ↑ North arrow

SECTION 2: TANK TEMPORARILY CLOSED OR TAKEN-OUT-OF-SERVICE

Fill out this section for any tank that is "temporarily closed" (contains product but is out of service) or is "taken out of service" (empty *and* out of service). A complete inspection of these tanks is required. This section does not apply to a tank that is currently in use *or* permanently closed ***within 527 CMR 9***.

ANSWER ALL WITH *YES* OR *NO*	TANK #	TANK #	TANK #	TANK #
Tank contains less than one inch of product				
Tank vented and fill pipe locked or secured to prevent access				
Date tank was "temporarily closed" or "taken out-of-service" (MONTH/YEAR)				

SECTION 3: RELEASE DETECTION SUMMARY

OPERATION AND MAINTENANCE SYSTEM REPAIR

	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#
Has tank/piping been repaired? ***(YES OR NO)***								
Was the UST system tightness tested or internally inspected within 30 days of repair? ***(YES OR NO)***								

SUSPECTED RELEASE NOTIFICATION

	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#
Is the UST system monitored monthly?								
Leak Detection Results: has tank and/or piping had two consecutive months of non-passing (fail, inconclusive, invalid, etc.,) results? ***(YES OR NO)***								
If yes, was it reported to DEP as a suspected release and investigated? ***(YES OR NO)***								

This section indicates the method or methods of release detection present. Proceed to the section noted in the last column to complete details of the inspection. Emergency Power Generators (EG), are exempt from release detection monitoring requirements.

TANK METHOD	Indicate primary (P) method for each tank				Using primary method, proceed to section:
	TANK#	TANK#	TANK#	TANK#	
Automatic Tank Gauging					***3.A.***
Continuous In-Tank Leak Detect System					***3.B.***
Interstitial Monitoring					***3.C.***
Statistical Inventory Reconciliation					***3.D.*** (pages 7 and 8)
None needed ***(EXPLAIN: EG)***					NA

PIPE METHOD FILL OUT FOR EACH SEPARATE PIPE RUN	Indicate primary (P) method for each pipe run				Using primary method, proceed to section:
	PIPE #	PIPE #	PIPE #	PIPE #	
Pressurized piping only					
Automatic line leak detector (ALLD, 3 gph) and double-wall pipe with liquid sump sensor					*3.C.* and *3.H.*
ALLD (3 gph) and double-wall pipe with manual Interstitial Monitoring					*3.C.* and *3.H.*
ALLD (3 gph) and SIR monthly					*3.D.* and *3.H.*
ALLD (3 gph) and annual line tightness test					*3.E.* and *3.H.*
ALLD that can perform 3 gph continuous plus 0.2 gph/ month (electronic)					*3.G.* and *3.H.*
Other combination *(EXPLAIN)*					as applicable
Suction piping only					
Interstitial monitoring, electronic or manual					*3.C.*
Statistical Inventory Reconciliation (SIR)					*3.D.*
Line tightness test every 3 years					*3.E.*
European Suction					*3.F.*
None needed *(EXPLAIN)*					*NA*

❑ APPLICABLE
❑ NOT APPLICABLE

SECTION 3.A. AUTOMATIC TANK GAUGING (TANK ONLY)

	FILL OUT BLOCKS 1-3, AND 13. BLOCKS 4-12: ANSWER *YES* OR *NO*	TANK #	TANK #	TANK #	TANK #
1	Console Make and Model				
2	Probe Type Model- Fill out for each tank				
3	Frequency (how often does ATG perform test?)				
4	Device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.).				
5	System setup reviewed. Proper settings were confirmed and are correct. Verification that all probes are functioning.				
6	Monitoring panel or control box is present and working.				
7	Tank is filled to proper capacity **(_____ %)** and test run for proper duration of time (_____ hours) during the last 2 months, in accordance with manufacturer's instructions.				
8	Owner's manual for console and probes is available at the site.				
9	Verification that console and probe are third-party approved.				
10	ATG* meets minimum performance standards, with the probability of detection set at _____% and the probability of false alarm set at _____%				
11	Existing release detection results show no evidence of a release.				
12	ATG is checking the portion of the tank that routinely contains product, in accordance with manufacturer's instructions.				
13	Monthly release detection records are available for last 12 months.				
14	***NUMBER OF PASSING MONTHS:***				
ATG passes inspection if blocks 4 through 12 are all ***YES***.					

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum

DEFICIENCIES: _____
_____
_____
_____

FURTHER RECOMMENDATIONS: _____
_____
_____
_____

❑ APPLICABLE
❑ NOT APPLICABLE

SECTION 3.B. CONTINUOUS IN-TANK LEAK DETECTION SYSTEM (CLDS) (TANK ONLY)

	FILL OUT BLOCKS 1 AND 2. BLOCKS 4 THROUGH 11: *YES* OR *NO*	TANK #	TANK #	TANK #	TANK #
1	Console Make and Model				
2	Probe Model. Fill in for each tank.				
3	Device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.) including limitations listed on evaluation summary (*NWGLDE*)				
4	System setup reviewed. Proper settings were confirmed and are correct. Verification that all probes are functioning.				
5	Monitoring panel or control box is present and working.				
6	Owner's manual for console and probes is available at site.				
7	Verify that console and probe are third-party approved.				
8	CLDS meets minimum performance standards, with the probability of detection set at _____**%** and the probability of false alarm set at _____**%**.*				
9	Existing release detection results show no evidence of a release.				
10	CLDS is checking the portion of the tank that routinely contains product, in accordance with manufacturer's instructions.				
11	Monthly release detection records are available for last 12 months.				
12	*NUMBER OF PASSING MONTHS:*				
CLDS passes inspection. Blocks 3 through 10 are all *YES*					

Note: If the answer to any question is NO, please explain below. List any problems noted during inspection. Note corrections on Addendum

DEFICIENCIES: _____
_____
_____
_____

FURTHER RECOMMENDATIONS: _____
_____
_____
_____

❑ APPLICABLE
❑ NOT APPLICABLE

SECTION 3.C. INTERSTITIAL MONITORING (TANK AND PIPING)

FILL OUT EACH BLOCK FOR EACH TANK AND EACH PIPE		TANK#	PIPE #	TANK #	PIPE #	TANK #	PIPE #	TANK #	PIPE #
	ELECTRONIC SYSTEM ONLY								
1	Interstitial Space is filled with Liquid **(Brine) or** Gas **(Dry)**								
2	Type of interstitial sensor **(i.e., Liquid, Discriminating, Pressure)**								
3	Console *make and model*								
4	Sensor *make and model*								
5	Console and sensor are on the *NWGLDE* list								
6	Monitoring console is operational.								
7	Interstitial sensor visually inspected, functionally tested, and confirmed operational.	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
8	Sensor monitors the interstitial space in the appropriate position***								
9	Device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.)								
	SUMMARY								
10	Monthly release detection records are available for last 12 months. Interstitial Monitoring must show the past 12 months have passed with no inconclusive records.								
11	***NUMBER OF PASSING MONTHS:***								
Interstitial Monitoring passes inspection if Blocks 5-9 are ***YES*** **for Electronic**.									

*Note: If the answer to any question is **NO**, please explain below. List any problems noted during inspection. Note corrections on Addendum.*

***Monitor in the interstitial space is at the lowest point of secondary containment for gas-filled sensors, or at the highest point of secondary containment for brine-filled sensors, and positioned so that other equipment will not interfere with its proper operation. See manufacture specifications and *NWGLDE* list of limitations for continual-partial vacuum or overpressure-interstitial monitoring.

DEFICIENCIES: _____

_____

_____

FURTHER RECOMMENDATIONS: _____

_____

❑ APPLICABLE
❑ NOT APPLICABLE

SECTION 3.D.1. INVENTORY CONTROL (TANK ONLY) AND STATISTICAL INVENTORY RECONCILIATION (TANK AND PIPING)

#	FILL OUT THIS SECTION FOR INVENTORY CONTROL AND STATISTICAL INVENTORY RECONCILIATION (SIR). (*YES* OR *NO*)	TANK #	TANK #	TANK #	TANK #
1	Readings are recorded daily when operating.				
2	Inventory records are reconciled monthly.				
3	Appropriate calibration chart is used for calculating volume to nearest 1/8 inch.				
4	Stick readings are logged **before** each delivery.				
5	Stick readings are logged **after** each delivery.				
6	Gauge stick is marked to determine product level to the nearest 1/8 inch.				
7	Gauge stick can measure to full height of tank.				
8	Monthly water readings checked to the nearest 1/8 inch and used to calculate inventory balances. If water intrusion is noted, list in "Deficiencies."				
9	*FILL DROP TUBE IS INSTALLED AND FUNCTIONAL.*				
10	Each dispenser is metered and recorded within state or local standards for meter calibration. *DATE METER CALIBRATED:*				
11	Total monthly overages [or shortages] are less than 130 gallons plus one percent of tank's flow-through (sales) volume for the last 12 months.				
12	Existing release detection results indicate operation without evidence of a release.				
13	Monthly release detection records are available for the last 12 months. [Monitoring must show that eight of the past 12 months have a passing record, with no more than two consecutive months of inconclusive results.]				
14	*NUMBER OF PASSING MONTHS:*				
Inventory Control Passes Inspection. Blocks 1 through 12 are *YES*					
If using Statistical Inventory Reconciliation (SIR), also fill *SECTION 3.D.* on page 8					

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum.

DEFICIENCIES: _____
_____
_____
_____

FURTHER RECOMMENDATIONS: _____
_____
_____
_____
_____

❑ APPLICABLE
❑ NOT APPLICABLE

SECTION 3.D.2. STATISTICAL INVENTORY RECONCILIATION (TANK AND PIPING)

FILL OUT THIS SECTION IF THE TANK AND/OR PIPE USES STATISTICAL INVENTORY RECONCILIATION (SIR) *[YES OR NO]*		TANK #	PIPE #	TANK #	PIPE #	TANK #	PIPE #	TANK #	PIPE #
13	SIR method is on *NWGLDE* list. **METHOD NAME:**								
14	If applicable, SIR method is approved for piping on evaluation summary (*NWGLDE* list.)	*NA*		*NA*		*NA*		*NA*	
15	Existing release detection results show no evidence of a release.								
16	SIR results received by owner from vendor within 30 days of submittal of data.								
17	SIR results indicate sufficient amount of data was used to perform leak check.								
18	Eight of the last 12 months *prior to the inspection* have passed Explain below if ***No***.								
19	***NUMBER OF PASSING MONTHS:***								
20	There were two or more *consecutive inconclusive* results in the last 12 months. Explain below if ***YES.***								
Statistical Inventory Reconciliation (SIR) passes inspection if Blocks 1 through 18 are all ***YES***.									
If Block 20 is ***YES,*** then report it as a suspected release to Mass. Dept. Environmental Protection									

Note: If the answer to any question is NO, please explain below. List any problems noted during inspection. Note corrections on Addendum.

DEFICIENCIES: _____

_____

FURTHER RECOMMENDATIONS: _____

_____

❑ APPLICABLE
❑ NOT APPLICABLE

SECTION 3.E. TIGHTNESS TESTING (PIPING)

Fill out this section if pipe uses periodic tightness testing

	FILL OUT EACH BLOCK FOR EACH PIPE *(YES* OR *NO)*	TANK #	PIPE #	TANK#	PIPE #	TANK #	PIPE #	TANK#	PIPE #
1	Test method is on *NWGLDE* list as a 0.1gph tightness test. **METHOD NAME:**								
2	Tightness test performed by ***NAME***								
3	Last tightness-test results available and passed. (Shows no evidence of a potential release.) ***ATTACH A COPY***								
4	Tightness testing is conducted within specified time frames for method; annually for pressurized piping; every 3 years for non-exempt suction piping.								
Tightness Testing passes inspection. Blocks 1 through 4 are all ***YES.*** ***ATTACH COPY OF TIGHTNESS TEST.***									

Note: If the answer to any question is NO, please explain below. List any problems noted during inspection. Note corrections on Addendum.

DEFICIENCIES: _____

_____

FURTHER RECOMMENDATIONS: _____

_____

_____

❑ APPLICABLE
❑ NOT APPLICABLE

SECTION 3.F. EUROPEAN SUCTION (SUCTION PIPING ONLY)

Fill out this section to verify that the suction piping system does not require release detection.

#	FILL OUT FOR EACH PIPE (*YES* OR *NO*)	PIPE #	PIPE #	PIPE #	PIPE #
1	The piping slope is back to the tank and operates under atmospheric pressure or less.				
2	Only one check valve is used.				
3	The check valve is directly under the dispensing pump.				
Safe Suction passes inspection. Blocks 1, 2 and 3 are ***YES*.**					

Note: If the answer for 1, 2, or 3 is ***NO***, another type of line release detection must be used and inspected.
Fill out the applicable section on piping release detection.
List any discrepancies noted during inspection. Deficiency corrections and/or repairs must be listed in ***SECTION 8 - ADDENDUM***

DEFICIENCIES: _____

_____

_____

COMMENTS: _____

❑ APPLICABLE
❑ NOT APPLICABLE

SECTION 3.G. MONTHLY LINE LEAK DETECTOR TEST RESULTS

#	FILL OUT EACH BLOCK FOR EACH PIPE	PIPE #	PIPE #	PIPE #	PIPE #
1	Console make-and-model number.				
2	Line leak detector make-and-model number.				
3	Automatic Shut-Off Device (**S-O**) Restrictor (**R**) Audible or Visible Alarm (**A**)				
4	Is the equipment on the *NWGLDE* list?* ***(YES* OR *NO)***				
5a	Device is performing and operational at 3.0 gph @ 10 psi. Complete *Section 3.h.* for this line leak detector.	❑ 3.0 gph	❑ 3.0 gph	❑ 3.0 gph	❑ 3.0 gph
5b	Device is performing and operational at 0.2 gph @ 10 psi.	❑ 0.2 gph	❑ 0.2 gph	❑ 0.2 gph	❑ 0.2 gph
5c	Device is performing and operational at 0.1 gph @ 10 psi.	❑ 0.1 gph	❑ 0.1 gph	❑ 0.1 gph	❑ 0.1 gph
6	Device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.) *(NWGLDE)* list. ***(YES* OR *NO)***				
7	Line Leak Detector shows no evidence of release.				
8	Monthly release detection records are available for last 12 months. Line leak detection must show that eight of the past 12 months have a passing record, without two consecutive months of inconclusive results.				
9	***NUMBER OF PASSING MONTHS:***				
Monthly Line Leak Detector Passes inspection: Blocks 4, 5a, 6, and 7 are ***YES*.**					

Note: If the answer to any question is NO, please explain below. List any problems noted during inspection. Note corrections on Addendum

DEFICIENCIES: _____

_____

_____

FURTHER RECOMMENDATIONS: _____

_____

_____

❑ APPLICABLE

SECTION 3.H. AUTOMATIC LINE LEAK DETECTORS (PRESSURIZED PIPING ONLY) ❑ NOT APPLICABLE

#	CHECK TYPE AND FUNCTIONING OF AUTOMATIC LINE LEAK DETECTOR	PIPE #	PIPE #	PIPE #	PIPE #
1	Mechanical or Electronic				
2	Make and Model				
3	Automatic Shut-Off Device (**S-O**) Restrictor (**R**) Audible or Visible Alarm (**A**)				
4	Is the ALLD equipment on the *NWGLDE* list?*				
5	ALLD device is performing and operational at 3.0 gph @ 10 psi ***(YES*** or ***NO)***.				
6	Self-testing electronic ALLD, on the *NWGLDE* list, shows the last record of a passing 3.0 gph test result, for each pipe, is within the last 72 hours ***(YES*** or ***NO)***.				
7	ALLD device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.)				
8	ALLD has operated without evidence of a release.				
9	The entire piping system is covered by the ALLD.				
10	**ALLD is third-party certified and passed an annual functional test each year prior to this inspection:** All ALLDs must pass an annual functional (operations) test, in accordance with manufacturer's specifications, to assure it is properly installed, not tampered or bypassed, etc.				
Automatic Line Leak Detection Passed Inspection: Blocks 4 through 10 are ***YES***.					

Note: If the answer to any question is NO, please explain below. List any problems noted during inspection. Note corrections on Addendum

DEFICIENCIES: _____

_____

_____

FURTHER RECOMMENDATIONS: _____

_____

_____

SECTION 4: SPILL AND OVERFILL PREVENTION

4.A. SPILL DEVICE

#	ANSWER *YES* OR *NO* FOR EACH TANK	Tank #	Tank #	Tank #	Tank #
1	Equipped with spill bucket.				
2	Bucket is clean and free of debris and water.				
3	Bucket is without cracks or holes observed.				
4	Fill Pipe is without abnormalities observed (bent drop tubes, cracks or holes) especially at connection to tank and spill device.				
Spill device passes inspection. Blocks 1 through 4 are ***YES***					

Note: If any answer to Blocks 1 through 4 is NO, explain below. List any problems noted during inspection. Note corrections on Addendum.

4.B. OVERFILL DEVICE

#	DESCRIBE TYPE OF EQUIPMENT PRESENT BLOCKS 3-8 ANSWER *YES* OR *NO*	Tank #	Tank #	Tank #	Tank #
1	Overfill device present *(list all):* Automatic Shutoff (**AS**), Ball Float Valve (**BFV**), High Level Alarm (**HLA**), Other				
2	Indicate delivery method (gravity or metered flow)				
3	Owner/operator ensures releases due to spilling or overfilling do not occur. For example, product is measured prior to each delivery to ensure enough room in tank for product; all fuel deliveries are monitored.				
4	Visually observed overfill device housing; documentation of install provided; OR certification from service provider attesting to overfill device operability provided.				
	AUTOMATIC SHUT-OFF ONLY				
5	Visual observation indicates the drop tube is unobstructed (anything that would render the shut-off device ineffective).				
	BALL FLOAT VALVE AND VENT RESTRICTOR				
6	BFV and/or vent restrictor material is compatible with UST system configuration, product, delivery, and use.				
	EXTERNAL HIGH LEVEL ALARM ONLY				
7	Alarm is tested and is functioning properly at 90%, and is audible or visible to the driver at the point of transfer.				
Overfill device passes inspection. Blocks 3 through 7 (as applicable) are ***YES*** *(or Block 8, overfill device is not required).*					

Note: If the answer to any question is NO, explain below. List any problems noted during inspection. Note corrections on Addendum.

DEFICIENCIES: _____

_____

_____

FURTHER RECOMMENDATIONS: _____

_____

_____

SECTION 5: CORROSION PREVENTION

Buried metal tank and piping (which includes fittings, flex-connectors, etc.,) must be isolated from soil or cathodically protected.

CHECK TYPE OF CORROSION PROTECTION FOR EACH TANK AND PIPE, AND ANSWER *YES, NO,* OR *NA*		TANK #	TANK #	TANK #	TANK #
❑	**GALVANIC CATHODIC PROTECTION (TANK AND PIPING)**				
1	Tank passed test in accordance with NACE Standard RP-0285.				
2	Pipe passed test in accordance with NACE Standard RP-0285.				
3	Record of last two cathodic protection tests on file with Owner or Operator. CP tests performed by:				
4	Cathodic Protection system tested/inspected within six months of repair of UST system.				
	Galvanic Cathodic Protection passes inspection. Blocks 1 and 2 are ***YES***.				
❑	**IMPRESSED CURRENT CATHODIC PROTECTION (TANK AND PIPING)**				
5	System has power and is turned on.				
6	60-day log is present and filled out properly.				
7	Tank passed test in accordance with NACE Standard RP-0285.				
8	Pipe passed test in accordance with NACE Standard RP-0285.				
9	Record of last two cathodic protection tests on file with Owner or Operator. Tightness test performed by:				
10	Cathodic Protection system tested and inspected within six months of repair of UST system.				
	Impressed Current Cathodic Protection passes inspection. Blocks 5 through 8 are **Yes**.				
Note: If the answer in any Block is NO, explain below. List any problems noted during inspection, even those that were corrected.					

❑	**NON-METAL CONSTRUCTION MATERIAL (TANK MEETS CORROSION PREVENTION):**				
11	**Tank:** Outer wall made of non-metallic material such as fiberglass or fiberglass clad steel. ***YES*** OR ***NO***				
12	**Pipe:** Outer wall made of non-metallic material such as fiberglass or corrugated plastic. ***YES*** OR ***NO***				
13	Were any of the following conditions observed in flexible piping: swelling, elongation, kinking, wrinkling, blistering, delaminating, softness, mold growth, or other abnormalities? **If so, please describe.**				

Notes: _____

SECTION 6: GENERAL COMMENTS

Use this section to list additional comments not listed in the previous pages. Attach another page if necessary.

Owners/operators are required to report unusual operating conditions to DEP. Were any unusual operating conditions observed? _____

_____

_____

SECTION 7: CERTIFICATION

FILL OUT THE FOLLOWING:	TANK #	TANK #	TANK #	TANK #
Use these codes: P = Pass Inspection, **F** = Fail Inspection, **NA** = Not Applicable.				
Release Detection (Tank only)				
Release Detection (Piping only)				
Spill Device (Tank only)				
Overfill Device (Tank only)				
Corrosion Protection (Tank only)				
Corrosion Protection (Piping only)				
Passes Inspection (Pass/Fail only)				
Tank Release Detection Record Keeping enter number of months with passing records				
Piping Release Detection Record Keeping enter number of months with passing records				
Facility has verified financial responsibility				
Facility has current Form FP-2 (License) posted				
Facility has current Form FP-290 Part 3 (Permit) posted				
Facility has current Form FP-5 (Registration) posted				

The Department of Fire Services Underground Storage Tank database will be updated with information listed in this inspection report and the attached FP-290.

I, the Certified Inspector, have performed this UST Inspection and believe the contents of this report to be true and accurate at the time of inspection. I also have no significant financial interest with this UST.

Facility #_____ *(fill in).*

Print Name: _____

Signature: _____

E-Mail: _____

Phone: _____

Inspector ID #: _____Date: _____

I, the Owner/Operator *(circle one)*, have read this Inspection Report and have been told the condition of my UST facility, including all deficiencies, corrections and recommendations. *All applicable pages are **initialed** and included in this submittal.*

Print Name: _____

Signature: _____

E-Mail: _____

Phone:_____ Date:_____

Return form *no later than* 14 days from the date of inspection:

Department of Fire Services
UST Program
PO Box 1025, Stow, MA 01775
and **Local Fire Department**

SECTION 8: ADDENDUM

FACILITY #	FACILITY NAME

Use this section to note any deficiency corrections or repairs that were made ***after the initial inspection***. The UST third-party *Inspection* should be a 'snapshot' completed prior to any repairs or adjustments that would affect whether or not a UST would *pass* or *fail*. List each corrected item separately. If you have any questions, please call the UST office at 978-567-3375. Use additional copies of this page if necessary. Fax completed form to 978-567-3199.

Item 1.
Date of Work: _____ Tank ***or*** Pipe #: _____ is now: **PASS** OR **FAIL** the Inspection (circle one)
Description of Repair or Deficiency Correction: _____

UST Worker Name: _____
UST Worker Signature: _____ Date _____

Item 2.
Date of Work: _____ Tank ***or*** Pipe #: _____ is now: **PASS** OR **FAIL** the Inspection (circle one)
Description of Repair or Deficiency Correction: _____

UST Worker Name: _____
UST Worker Signature: _____ Date _____

Item 3.
Date of Work: _____ Tank ***or*** Pipe #: _____ is now: **PASS** OR **FAIL** the Inspection (circle one)
Description of Repair or Deficiency Correction: _____

UST Worker Name: _____
UST Worker Signature: _____ Date _____

Item 4.
Date of Work: _____ Tank ***or*** Pipe #: _____ is now: **PASS** OR **FAIL** the Inspection (circle one)
Description of Repair or Deficiency Correction: _____

UST Worker Name: _____
UST Worker Signature: _____ Date _____

Return form *no later than* 14 days from the date of inspection:	**Department of Fire Services** UST Program PO Box 1025, Stow, MA 01775 and **Local Fire Department**

Questions? Contact the DFS UST Office: 978-567-3375, Fax: 978-567-3199